

## **SURVEY PROTOCOL**

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# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

What is the survey agency's position on legal disclaimers at the end of the plan of correction?

A facility has the right to include a disclaimer on their plan of correction. A disclaimer does not relieve the facility of its responsibility for submitting a plan of correction and for correcting problems.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

Is it a requirement for a surveyor to measure the degree of elevation of the head of a tube fed resident with an angle drawn on a piece of paper? Is measuring elevation a new practice?

It is not required that a surveyor measure for the precise number of degrees of elevation of the head of a resident's bed. Reasonable approximations are acceptable.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

Can surveyors place items underneath a resident or between the resident's legs in order to monitor care?

No. Foreign objects are not to be used in order to monitor care.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

What is the time frame for issuing a survey report to the facility after the exit conference?

Statements of deficiency shall be issued to the facility within 10 working days after the last day of survey.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

What is an appropriate way to announce the survey team's arrival to the facility?

It is appropriate to announce the team's arrival over the facility intercom system if desired. A suggested format is as follows: "Good morning. It is (date). The survey team from (agency/section) has arrived to conduct a (type) survey. The survey team is led by (name). Will (staff of Administrator's choice) please report to (location)..."

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

During a standard survey, can surveyors collect data prior to the date of the previous standard survey and utilize that data in a deficiency?

Yes. Historical data can be utilized in a deficiency, if it is pertinent and helps support the deficiency. However, the deficiency itself should be based on deficient practice(s) that has been occurring, or has occurred, since the last survey and not prior to the previous survey.

What surveyors cannot do is collect data from the previous survey for the sole purpose of elevating scope and harm.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

Appendix P of the State Operations Manual defines an interviewable resident as one who “has sufficient memory to be able to answer coherently the majority of questions contained in the Resident Interview and make day to day decisions in a fairly consistent and organized manner.” If the facility identifies a resident as interviewable based on the preceding definition, and later a statement/claim made by the resident in an interview with a surveyor is felt by staff to be inaccurate, is the inaccurate statement automatically discounted because the resident was identified by the facility as interviewable?

No. Every possible effort should be made by surveyors to determine the reliability of information provided by interviewable residents. The surveyor will attempt to corroborate interviews through other sources.



# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

Should surveyors communicate names of specific residents during the survey?

Throughout the survey, surveyors may discuss observations of specific residents, as appropriate, with facility staff. They should maintain an open and ongoing dialogue with the facility throughout the survey process. Generally, individuals who provide information during interviews will not be identified.

[http://cms.hhs.gov/manuals/Downloads/som107ap\\_p\\_ltcf.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_p_ltcf.pdf)

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

What is appropriate protocol for surveyors and facility staff during the initial tour of the facility?

Detailed information regarding appropriate procedures and objectives during the initial tour of a standard survey can be found in Appendix P of the State Operations Manual.

During the tour surveyors gather information about concerns which have been preselected; new concerns discovered onsite; and whether residents preselected for the Phase 1 sample offsite are still present in the facility. The surveyor attempts to meet and talk with as many residents as possible in order to identify other candidates for the sample, to get an initial overview of facility care and services, to observe staff resident interactions and to evaluate the impact of the facility environment on the residents.

It is desirable for a staff member to accompany the surveyor during the tour to answer questions and provide information. It is appropriate for the facility staff to remain outside of the resident's room or "down the hall" to provide the surveyor an opportunity to interact with the resident and/or family.

The tour will begin very soon after the entrance and will not be delayed while awaiting staff arrival.

The tour will begin as soon as possible after entering the facility.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

Are follow-up survey reports (CMS-2567B forms) considered the most recent survey?

No. The interpretive guidelines state: “Results of the most recent survey means the Statement of Deficiencies (CMS-2567) and the Statement of Isolated Deficiencies generated by the most recent standard survey and any subsequent complaint investigations.” Facilities should NOT post the resident roster due to the possibility of violating confidentiality requirements.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

What are the requirements for maintaining a complaint file?

There is no specific requirement for the facility to maintain a grievance file. The regulation does require prompt efforts by the facility to resolve grievances. “Prompt efforts”...to resolve include facility acknowledgement of a complaint/grievance and actively working toward resolution of that complaint/grievance.

The facility must show evidence to surveyors that they have acknowledged a complaint/grievance and have evidence they are actively working toward resolution of the grievance or complaint. It is up to the facility to record this information in the manner they choose. Refer to F165 to F166 and Interpretive Guidelines.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

Are skin tears included in Item 6 of the resident roster “abrasions...?”

Yes.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

According to an America Health Care Association memo from 1995, we are no longer required to provide surveyors with accident or incident reports. Is this still correct? Can surveyors ask to see the reports if there is a question about a particular resident?

There are too many variables for a “yes” or “no” answer to the first question. The facility is required to show evidence that on a routine basis it monitors accidents and other incidents, records these in clinical or other records, and has in place a system to prevent and/or minimize further accidents and incidents. Refer to Appendix P. If the facility uses accident/incident reports as their only method to record any of the above components, then the surveyors would need to review the reports as evidence of meeting the participation requirements. If the facility uses accident/incident reports and/or additional methods, then the surveyors can review the “other methods” for evidence for meeting participation requirements.

In answer to the second question, the facility has the option of producing necessary evidence regarding a particular incident other than an accident/incident report. When the situation warrants, the facility must also produce evidence of what they are going to do to prevent or minimize further incidents/accidents.

Note: Sometimes an accident/incident report may contain the only evidence of meeting other regulatory requirements. If so, the facility would want to produce the report as evidence of compliance.

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

Can surveyors inspect any resident's record and have copies of those records when the resident resides in a certified Medicare and/or Medicaid bed (disregard payment source)?

Yes. According to §489.53 CMS may terminate the agreement with any provider if it finds the provider refuses to permit photocopying of any records or other information by, or on behalf of CMS, as necessary to determine or verify compliance with participation requirements.

<http://ecfr.gpoaccess.gov>

Can surveyors inspect any resident's record and have copies of those records when the resident resides in a licensed only nursing home bed?

Yes, according to § 131E-105 (b) representatives of the Department may review any writing or other record in any recording medium which pertains to the admission, discharge, medication, treatment, medical condition, or history of persons who are or have been residents of the facility being inspected unless that patient objects in writing to review of that resident's records.

[www.ncga.state.nc.us/gascripts/Statutes/Statutes.asp](http://www.ncga.state.nc.us/gascripts/Statutes/Statutes.asp)

# REGULATORY FOCUS BULLETIN

FILE TOPIC: Survey Protocol

Does the survey Roster Sample Matrix have to be completed by the facility now that surveyors have a computer-generated facility profile?

Yes. The computer-generated facility profile that surveyors have may not be as current as facilities are only required to submit MDS data once a month.